

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 111001245 FILING DATE

12/21/06 CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.						
1		/			51					
2					52					
3		/			53					
4		/			54					
5		/			55					
6		/			56					
7		/			57					
8		/			58					
9		/			59					
10		/			60					
11		/			61					
12		/			62					
13		/			63					
14		/			64					
15		/			65					
16		/			66					
17		/			67					
18		/			68					
19		/			69					
20		/			70					
21		/			71					
22		/			72					
23					73					
24					74					
25					75					
26					76					
27					77					
28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.					TOTAL IND.	7				
TOTAL DEP.					TOTAL DEP.	49				
TOTAL CLAIMS					TOTAL CLAIMS	50				